

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CHS</i>	412	10/20
O.I.P.E. CLASSIFIER	<i>IN</i>	336	7/24/98
FORMALITY REVIEW	<i>MD</i>	66080	7/28/98

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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